| (1P)  | `.                             | PART B - F                             | FEE(S) TRAN  | SMITTAL  | · /  |                             |  |
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| NEW YORK, NY 10151  |                                |  | I hereby certify that this Fee(s) Transmittal is being deposit<br>United States Postal Service with sufficient postage for first clar<br>envelope addressed to the Box Issue Fee address above, or bei<br>transmitted to the USPTO, on the date indicated below. |  | being deposited with the<br>ge for first class mail in an<br>s above, or being facsimile<br>below. |                             |  |
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| 09/185,366  |                                |  |  |  | (Dute)   |                             |  |
| APPLICATION NO.   | FILING DATE                    | FIRS                                   | T NAMED INVEN  | TOR  | ATTORNEY DOCKET NO.  | CONFIRMATION NO.            |  |
| 09/685,366  | 10/10/2000                     |  | Scott E. Peters  |  | 787446-2001.1  | 3990                        |  |
| TITLE OF INVENTION: STABLE AQUEOUS DISPERSION OF NUTRIENTS  |                                |  |  |  |  |                             |  |
|   |                                |  |  |  |  |                             |  |
|   |                                |  |  |  |  |                             |  |
| APPLN. TYPE   | SMALL ENTITY                   | ISSUE FEE                              | PUBL   | CATION FEE   | TOTAL FEE(S) DUE   | DATE DUE                    |  |
| nonprovisional  | NO                             | \$1280                                 |  | \$0  | \$1280   | 10/16/2002                  |  |
| EXAMINER  |                                | ART UNIT                               | ART UNIT CLASS-SUBC  |  |  |                             |  |
| DAVIS, RUTH A 1651 514-10000  |                                |  |  | 0  |  |                             |  |
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| CFR 1.363).   |                                |  | the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a  |  |  |                             |  |
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| Number is required.   |                                |  | is listed, no name will be printed.  |  |  |                             |  |
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